

# STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the law, Standard Tort Claim forms cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to Department of Enterprise Services  
Risk Management Division  
1500 Jefferson Street SE  
MS 41466  
Olympia, Washington 98504-1466

Business Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.  
Closed on weekends and official state holidays.

1. Claimant's name: Theoharis Dustin [REDACTED]  
Last name First Middle Date of birth (mm/dd/yyyy)
2. Inmate DOC number (if applicable): N/A
3. Current residential address: c/o Budge & Helpt, PLLC, 706 2nd Ave., Suite 910, Seattle, WA 98104
4. Mailing address (if different): \_\_\_\_\_
5. Residential address at the time of the incident: [REDACTED] Ave. S., Auburn, WA 98001  
(if different from current address)
6. Claimant's daytime telephone number: c/o Budge & Helpt  
(206) 624-3060  
Home Business or Cell
7. Claimant's e-mail address: c/o erik@budgeandhelpt.com or ed@budgeandhelpt.com
8. Date of the incident: 02/11/2012 Time: \_\_\_\_\_ ☐ a.m. ☒ p.m. (check one)  
(mm/dd/yyyy)
9. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(mm/dd/yyyy) (mm/dd/yyyy)  
to \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(mm/dd/yyyy) (mm/dd/yyyy)
10. Location of incident: [REDACTED] Ave. S., Auburn, King County, Washington 98001 (residence)  
State and county City, if applicable Place where occurred

11. If the incident occurred on a street or highway:

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street
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12. State agency or department alleged responsible for damage/injury:

Department of Corrections and Officer Kris Rongen

13. Names, addresses and telephone numbers of all persons involved in or witness to this incident: Witness, In addition to me, include King County Deputy Aaron Thompson (current residential address unknown) and Department of Corrections Officer Kris Rongen (current residential address unknown). Witnesses also include Cole Harrison, Nick Harrison, and Shane Harrison, 92047 100 Ave. S., Auburn WA 98001 as well as King County Officers Kurt Litsjo and Ben Wheeler (current resident addresses unknown).

14. Names, addresses and telephone numbers of all state employees having knowledge about this incident:

Department of Corrections Officer Kris Rongen (current residential address unknown).

15. Names, addresses and telephone numbers of all individuals not already identified in #13 and #14 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

Numerous medical personnel as described in records that have been provided to the Department of Corrections counsel Gary Andrews, as well as experts who are identified in reports that have been provided to Mr. Andrews by my attorney, as well as individuals identified in DOC Investigation and King County investigation, copies of which are in possession of DOC counsel Gary Andrews. Witnesses to damages also include Jake and Tom Theoharis, c/o Budge & Helpt, PLLC.

16. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

On February 11, 2012, Mr. Theoharis's living area was illegally entered and he was shot multiple times (approximately sixteen) by law enforcement officers including Department of Corrections Officer Kris Rongen. This caused significant and extensive physical injuries to virtually all parts of Mr. Theoharis's body including both arms, both legs, torso, face and jaw among other areas as well as psychological injuries. These damages are extensive and supported by vast medical records that have previously been made available to DOC attorney Gary Andrews as well as physician and psychologist reports, a report of a certified life care planner and lost earnings calculations from an economist among others. Damages include medical bills, past and future wage loss and loss of income capacity and earnings potential, and general damages for past and future physical and psychological injuries as well as attorneys fees and punitive damages. Mr. Theoharis is represented by counsel in this matter, Budge & Helpt, PLLC, 705 2nd Ave., Suite 910, Seattle, WA 98104, (206) 624-3060 and all contact should be through counsel.

17. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.

18. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

Medical records have previously been provided to DOC attorney Gary Andrews.

19. Please attach documents which support the allegations of the claim.

20. I claim damages from the state of Washington in the sum of \$ 20 million.


This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.


I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

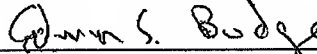
\_\_\_\_\_  
*Signature of Claimant*

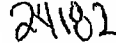
\_\_\_\_\_  
*Date and place (residential address, city and county)*

Or

  
\_\_\_\_\_  
*Signature of Representative*

  
\_\_\_\_\_  
*Date and place (residential address, city and county)*

  
\_\_\_\_\_  
*Print Name of Representative*

  
\_\_\_\_\_  
*Bar Number (if applicable)*